

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## UTILITY PATENT APPLICATION TRANSMITTAL

## CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that on **February 23**, 2004 this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number EU 725 247 755 US addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

GAYLE VINSON

(Type or Print name of person mailing paper)

(Signature of person mailing paper)

Attorney Docket No. 0179.0045

First Inventor: Philippe D. Christou

Title: FIBROUS REINFORCEMENT SUITABLE AS A FIREPROOFING AGENT

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith for filing in the above-identified patent application are:

<input checked="" type="checkbox"/> Transmittal/Fee Calculation	<input type="checkbox"/> Oath and Declaration (Total Pages <u>  </u> )	<input type="checkbox"/> Copies of IDS References
<input checked="" type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Sequence Listing
<input checked="" type="checkbox"/> Specification (Total Pages <u>16</u> )	<input type="checkbox"/> Assignment (incl. Cover Sheet)	<input type="checkbox"/> Computer-Readable Copy
<input type="checkbox"/> Drawings (Total Sheets <u>  </u> )	<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
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FEE CALCULATION: The filing fee has been calculated as shown below:

For	Claims Filed	No. Extra	Small Entity Rate	Small Entity Fee	Standard Rate	Standard Fee
Basic Fee				\$385.00		\$770.00
Total Claims	17 - 20 =	0	x \$ 9.00		x \$ 18.00	0.00
Independent Claims	2 - 3 =	0	x \$ 43.00		x \$ 86.00	0.00
<input type="checkbox"/> Multiple Dependent Claims Presented			+ \$145.00		+ \$290.00	0.00
			Total		Total	770.00

## METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge deficiency in the indicated enclosed fees and/or credit any overpayments to:

Deposit

Account No.

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- ☒ Charge any additional fees Required Under 37 CFR 1.16 and 1.17

Deposit

Account Name

David J. Oldenkamp

- ☐ Applicant claims small entity status 37 CFR 1.27

☒ Payment Enclosed:

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other

Respectfully submitted,

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Dated: February 23, 2004